

(617) 635-4635

fax: (617) 635-4483

For Boston Voters Only

Fill out the form below if you wish to change your party status. This form will not change your address or register you to vote. Make sure you sign the form, and mail it to the address listed above.

ENROLLMENT FORM

NAME (please print)		
ADDRESS (please print)		
DATE of BIRTH	WARD	PRECINCT
I hereby request that my political party enrollment be changed as follows:		
From (Name of Party)		
To (Name of Party or Unenrol	lled (no party))	
Signed under the pains and pe	enalties of perjury.	
Signature		Date:

If you have any questions please call 617-635-4635

Sincerely Boston Election Department